

	<h2 style="color: red;">Permit Application</h2> <p style="color: red;">(Building, HVAC, Electrical, Plumbing, Fire Protection)</p> <p>Building Inspection Department 160 S. Macy Street, Fond du Lac, WI 54935 Phone (920) 322-3570 fdlinspections@fdl.wi.gov</p>	Address of Project:
		Lot #/Subdivision:
Owner Information:		
Name: _____ Email (if desired): _____		
Address: _____		
Day Phone: _____	Evening Phone: _____	Fax: _____
Contractors: (List All That Apply)		
General/Structure: _____ Email: _____		Phone: _____
Address: _____		Fax: _____
Dwelling Contractor #: _____	Dwelling Qualifier #: _____	Contact Person: _____
Electrical: _____		Phone: _____
Address: _____		Fax: _____
Master Electrician Cert #: _____	Email: _____	Contact Person: _____
HVAC: _____		Phone: _____
Address: _____		Fax: _____
HVAC Qualifier Cert or City license#: _____	Email: _____	Contact Person: _____
Plumbing: _____		Phone: _____
Address: _____		Fax: _____
Master Plumber Cert #: _____	Email: _____	Contact Person: _____
Project Information Details: (Check and/or Complete All That Apply)		
<input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> New Construction <input type="checkbox"/> Accessory Structure <input type="checkbox"/> Principle Structure <input type="checkbox"/> Other: _____		
Description of Project: 		
Total Cost of Project Overall: \$ _____		Cost of Construction Work: \$ _____
Cost of Electrical work: \$ _____	Cost of HVAC Work: \$ _____	Cost of Plumbing Work: \$ _____
Building Type: <input type="checkbox"/> Multifamily <input type="checkbox"/> Condominium <input type="checkbox"/> Commercial/Industrial <input type="checkbox"/> Dwelling-1 Family House <input type="checkbox"/> Dwelling-2 Family		
Occupancy Type: <input type="checkbox"/> Owner Occupied <input type="checkbox"/> Rental Occupied <input type="checkbox"/> # of Units in Building _____		
Furnace Replacement Info: <input type="checkbox"/> Forced Air <input type="checkbox"/> Boiler Vent Type: <input type="checkbox"/> Power Vent <input type="checkbox"/> Natural Draft BTU: _____		
Air Conditioner Replacement Info: Type: _____		Tonnage: _____
Demolition/Moving Permit Requirements:		
<input type="checkbox"/> Moving Existing Structure--deposit required <input type="checkbox"/> Demo-- <input type="checkbox"/> Garage <input type="checkbox"/> 1 Story home under 1200sqf <input type="checkbox"/> All Others <input type="checkbox"/> Sewer Disconnect		
<input type="checkbox"/> Early Start Permit:		
We, the undersigned, request to begin footing and foundation work prior to approval of the plans in accordance with SPS 320.09, SPS 361.32 and the city's Municipal Code. Plans have been submitted to the Building Inspection Department and all information requested by Code has been included with the submittal. We agree to make any changes required after the plans have been reviewed and to remove or replace non-code complying parts of the foundation and or footings. We agree to proceed with the footings and foundation only and will not continue with the remainder of the building or structure until Building Permit fees have been paid , the permit has been issued and permit has been posted.		

** Signature required on page 2 **

